



## **Supplemental Application Data Sheet**

### **Application Information**

Application Number:: 10/524,237  
IA Filing Date:: August 4, 2003

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: DIAGNOSIS OF KIDNEY DAMAGE AND  
PROTECTION AGAINST SAME

Attorney Docket Number:: KOPCHICK5A

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity  
Given Name:: John  
Middle Name:: J.  
Family Name:: KOPCHICK  
Name Suffix::  
City of Residence:: Athens  
State or Province of Residence:: Ohio  
Country of Residence:: United States  
Street of Mailing Address:: 4 Orchard Lane  
City of Mailing Address:: Athens  
State or Province of Mailing Address:: Ohio  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 45701  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States

Status:: Full Capacity  
Given Name:: Karen  
Middle Name:: T.  
Family Name:: COSCHIGANO  
Name Suffix::

City of Residence:: The Plains  
State or Province of Residence:: Ohio  
Country of Residence:: United States  
Street of Mailing Address:: 11703 Channingway Blvd.  
City of Mailing Address:: The Plains  
State or Province of Mailing Address:: Ohio  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 45780  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Amy  
Middle Name:: N.

Family Name:: HOLLAND WETZEL  
Name Suffix::  
City of Residence:: Wooster  
State or Province of Residence:: Ohio  
Country of Residence:: United States  
Street of Mailing Address:: 2518 Cleveland Road  
City of Mailing Address:: Wooster  
State or Province of Mailing Address:: Ohio  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 44691

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/0240 53	08-04-03
PCT/US2003/0240 53	Appln claiming benefit of 35 USC 119(e)	60/400,052	08-02-02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignment Information**

Assignee Name:: Ohio University  
Street of Mailing Address:: Technology Transfer Office, Unit 14, 340  
West State Street  
City of Mailing Address:: Athens  
State or Province of Mailing Address:: Ohio  
Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 45701